**St John Vianney**

**Catholic Primary School**

**Nursery Application Form**

**Pupil’s name:**

**“Seeking Growth Together through Jesus”**

 **Nursery Admission Data Collection Form**

**New Pupil details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Legal Surname:** |  | **Preferred Surname (if different):** | | |  |
| **Forename:** |  | **Preferred Forename (if different):** | | |  |
| **Middle Name(s):** |  | **DOB:**  **(DD/MM/YY)** | | |  |
| **Gender:** | **Male Female** | | | | |
| **Address:** |  | **Postcode:** | | |  |
| **Home Tel. No:** | | |  |
| **Email Address:** | | | | | |
| **Please give details of any court orders relating to your child:** | | | | | |
| **Has your child ever been Looked After by the Local Authority?** | | | | | |
| **Who has Parental Responsibility for the child?** | | | | | |
| **In which faith does the family worship?** | | | | | |
| **Which church does the family regularly attend?** | | | **Who is the Priest/Minister?** | | |
| **Baptism Details:** | | **Church:** | |  | |
| **Priest/Minister:** | |  | |
| **Baptism date:** | |  | |
| **What is the child’s first language?** | | | | | |
| **Country of Birth:** |  | **Pupil Nationality:** | |  | |

**Session details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **15 hours (no charge)** | **15 hours (no charge)** | **30 hours (15 hours free +£65 additional 15 hours)** | **30 hours (Eligible for free place)** |
| **Monday, Tuesday (full days) & Wednesday morning only**  ***(please tick below)*** | **Wednesday afternoon, Thursday & Friday (full days) only**  ***(please tick below)*** | **Full week**  ***(please tick below)*** | **Full week**  ***(please tick below and provide DURN ref)*** |
|  |  |  |  |

**Lunch time arrangements:**

|  |  |  |
| --- | --- | --- |
| **School meal (£2 per day charge)**  ***(please tick below)*** | **Packed lunch**  ***(please tick below)*** | **Have you applied for a Free School Meal through the Local Authority?** |
|  |  | Yes / No |
| **Please give details of any dietary requirements and/or allergies:** | |  |

**Family/Contact information:**

|  |  |
| --- | --- |
| **Parent/Guardian with whom the child normally resides:** | |
| **Mr/Mrs/Ms/Other** | **DOB (DD/MM/YY)** |
| **Surname:** | **Forename:** |
| **Relationship to child:** | **National Insurance Number (must be completed):** |
| **Contact Number 1:** | **Home/Mobile/Work** |
| **Contact Number 2:** | **Home/Mobile/Work** |
| **Preference of Contact in an emergency:** | **1st  2nd  3rd** |
|  | |
| **Parent/Guardian #2:** | |
| **Mr/Mrs/Ms/Other** | **DOB (DD/MM/YY)** |
| **Surname:** | **Forename:** |
| **Relationship to child:** | **National Insurance Number (must be completed):** |
| **Contact Number 1:** | **Home/Mobile/Work** |
| **Contact Number 2:** | **Home/Mobile/Work** |
| **Preference of Contact in an emergency:** | **1st  2nd  3rd** |
|  | |
| **Other Emergency Contact:** | |
| **Mr/Mrs/Ms/Other** | **DOB (DD/MM/YY)** |
| **Surname:** | **Forename:** |
| **Relationship to child:** |  |
| **Contact Number 1:** | **Home/Mobile/Work** |
| **Contact Number 2:** | **Home/Mobile/Work** |
| **Preference of Contact in an emergency:** | **1st  2nd  3rd** |

|  |  |  |
| --- | --- | --- |
| **Sibling Details:**  **Please list any brothers or sisters aged 0-16:** | | |
| **Name:** | **DOB:** | **Current School/Nursery:** |
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**About your child:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please provide details of any previous playgroup/nursery that your child has attended:** | | | | | | | |
| **Name:** |  | | | | | | |
| **Address:** |  | | | **Postcode:** | | |  |
| **Phone No.:** | | |  |
| **Dates attended:** | **From:** | | | **To:** | | | |
| **Reason for leaving:** |  | | | **Date Notice Given:** | | |  |
|  | | | | | | | |
| **Mode of transport:** | **Car Public Transport Walk Taxi** | | | | | | |
|  | | | | | | | |
| **Medical Information:** | | | | | | | |
| **Please give details of any medical condition we may need to be aware of such as Asthma, fits and convulsions and allergies. If appropriate, please also include a list of any medication the child is regularly prescribed.** | | | | | | | |
| **Medical Condition: (eg Asthma, allergies, fits etc.)** | | | **Medication Prescribed:** | | | | |
|  | | |  | | | | |
| **Name of child’s**  **Doctor:** |  | | | | | | |
| **Address:** |  | | **Postcode:** | | |  | |
| **Phone No.:** | | |  | |
| **Name of Health Visitor:** | | | | | | | |
| **Name of Social Worker:** | | | **Name of Specialist:** | | | | |
| **Special Educational Needs:** | | | | | | | |
| **Does your child have a statement of special educational needs or an EHC plan?** | | | | | | | **Yes/No** |
| **Is an Early Help Assessment already in place?** | | | | | | | **Yes/No** |
| **Are Social Care involved with the family in any way?** | | | | | | | **Yes/No** |
| **Please name any professionals who are currently involved with your family and their role:** | | | | | | | |
|  | | | | | | | |
| **Please give information regarding any support your child may need in school:** | | | | | | | |
|  | | | | | | | |
| **Does your child attend:** | | **Speech and Language Therapy?** | | | **Yes / No** | | |
|  | | **Occupational Therapy** | | | **Yes / No** | | |
|  | | **Physiotherapy** | | | **Yes/ No** | | |

**Ethnic Background**

**As part of the admission process, the school is required to collect information about pupil ethnic background. Ethnic background is not the same as nationality or country of birth. Any information that is provided will be used solely to compile statistics of the school careers and experiences of pupils from different ethnic backgrounds, to help ensure that all pupils have the opportunity to fulfil their potential. These statistics will not allow individual pupils to be identified. From time to time the information will be passed on the Local Education Authority and the Department for Education in order to contribute to local and national statistics. The information will also be passed on to future schools, to save it having to be asked for again.**

|  |
| --- |
| **What is your child’s ethnicity?** |
| ***White*** |
| **English  Welsh  Scottish  Northern Irish  Irish  British** |
| **Gypsy or Irish Traveller** |
| **Any other white background, please write in:** |
| ***Mixed/multiple ethnic groups*** |
| **White and Black Caribbean  White and Black African  White and Asian** |
| **Any other mixed background, please write in:** |
| ***Asian/Asian British*** |
| **Indian  Pakistani  Bangladeshi  Chinese** |
| **Any other Asian background, please write in:** |
| ***Black/ African/ Caribbean/ Black British*** |
| **African  Caribbean** |
| **Any other Black/African/Caribbean background, please write in:** |
| ***Other ethnic group*** |
| **Arab** |
| **Any other ethnic group, please write in:** |
| **Prefer not to say** |

**Consents**

**At St John Vianney Catholic Primary School, we need to use and store some information about your child. We only collect and use pupils’ personal data when we have a legal obligation to, such as when sharing information with the DfE, NHS, other schools and local authorities. For a full list of organisations we may share information with, please read the Privacy Notices available on the school website.**

**However, we sometimes also seek your consent to allow us to use your child’s personal data for other reasons, such as uploading photographs of your child onto the school website. Below you will find a number of reasons why we might use digital images and videos of your child and we would appreciate you completing the tick boxes.**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| I am happy for the school to take digital images and videos of my child for work based evidence |  |  |
|  |  |  |
| I am happy for digital images and videos of my child to be used on the school website |  |  |
|  |  |  |
| I am happy for digital images and videos of my child to be used in the school newsletter |  |  |
|  |  |  |
| I am happy for digital images and videos of my child to be used in the school profile/prospectus |  |  |
|  |  |  |
| I am happy for digital images and videos of my child to be used in internal displays |  |  |
|  |  |  |
| I am happy for digital images and videos of my child to be used on the school Twitter account |  |  |
|  |  |  |
| I am happy for digital images and videos of my child to be used in local newspapers and media |  |  |
|  |  |  |
| I am happy for digital images and videos of my child to be used in fundraising products including the annual school photograph. This may also include proofs and printed products which may be sold to other parents (e.g. group class photos) |  |  |

**School Trips**

**This will provide consent for all outings within the school day. The class teacher will notify you at the time of proposed activities/outings via a letter and you will always be required to tick the relevant consent box within Parentpay for paid visits, otherwise it doesn’t allow you to make payment.**

**NB. *This permission form does not cover trips that are longer than the school day, these will be requested separately.***

**YES NO**

I give permission for my child to take part in visits off site

**Emergency Treatment**

**In the case of emergency medical treatment being required, every effort will be made to contact the parents or close relatives. However, if it is imperative that treatment be delivered immediately, the school will contact the emergency services and with your permission the appropriate action will be taken. If you do not wish treatment to be given without you/a relative being contacted please state how you would prefer this to be dealt with on the permission form.**

**YES NO**

I give permission for Emergency First Aid to be given should the need arise

*If you do not wish treatment to be given without you/a relative being contacted please state how you would prefer for this to be dealt with below*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**This information will be kept on file so that we can refer to it should we need to. This consent will last throughout the time that your child attends St John Vianney School. If at any time you would like to amend your consent then please notify the school office in writing so the relevant amendment can be made.**

**If you change your mind at any time you can let us know by emailing** [**admin@st-john-vianney.blackpool.sch.uk**](mailto:admin@st-john-vianney.blackpool.sch.uk)**, calling the school on 01253 311248, or just popping in to the school office. If you have any other questions, please feel free to get in touch.**

**Any other information**

|  |
| --- |
| **Please use the space below to provide any additional information** |
|  |

**Data Protection Act 1998 / Fair Processing Notice**

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| --- |
| Under the requirement of the Data Protection Act 1998 school act as “data controllers” and so need to inform you of what information is held by us about your child and more particularly about the types of data held, why that data is held, and to whom it may be passed on. We have to ensure that this information is fairly processed and used only for the purposes for which it has been registered or required by statute. We do not pass on any personal information about your child to any commercial organisation. Pupils have rights under the Data Protection Act which includes the right to access that data we hold on them. As your child is under 12, as a parent, you may exercise this right on their behalf.  **We would be obliged if you would read the following and sign to confirm acknowledgement of our obligations.**  In school we need to keep information about your child for registration purposes and so that we can provide them with suitable help and support. The LEA and DfE also hold information on pupils in order to run the education system and in doing so, they also have to follow the Data Protection Act 1998. This means that the data held about pupils must only be used for specific purposes allowed by law. |
| **School held Information**  The school holds information in order to support the teaching and learning of pupils, to monitor and report on their progress, to provide appropriate pastoral care, and to assess whole school performance. This information includes personal details, National Curriculum results, attendance information, and characteristics such as ethnicity, SEN and relevant medical information. Occasionally we are required to pass this information on to the LEA, a school to which the child is transferring, the DfE and the Qualifications and Curriculum Authority. |
| **Local Education Authority (LEA) held Information**  The LEA requires school to provide information about pupils in order to carry out specific functions for which it is responsible, such as the admissions process or assessment of SEN. It also uses the data in statistical form, where pupils are not identified, to inform decisions on, for example, school funding and performance targets. |
| **Qualifications and Curriculum Authority (QCA) held information**  The QCA uses information about pupils to administer the National Curriculum tests and assessments for Key Stages 1-3. The results of these are passed to the DfE so that statistics on trends and patterns in levels of achievement can be compiled. This information is then used to evaluate the effectiveness of the National Curriculum and associated assessments to ensure these are continually improved. |
| **DfE held information**  The DfE uses information about pupils for statistical purposes meaning they cannot be identified individually. The statistics are used to develop policies and monitor the performance of the education service as a whole. On occasion, information may be shared with other Government departments or agencies strictly for statistical or research purposes. |

|  |  |
| --- | --- |
| **Signature of Person responsible for child:** |  |
| **Name (please print):** |  |
| **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***For Office Use Only:*** | | | | |
| Date Application Received: | | | | |
| Date of Admission/Term commencing: | | | | |
| Attendance Pattern Confirmed: | MTW | WTH | | FULL WK |
|  |  | |  |
| Eligible for FSM?: | Evidence seen: Yes/No | | Start date: | |
| Eligible for extended free childcare entitlement? | Evidence seen: Yes/No | | Start date: | |
| Birth Certificate Seen: Yes/No | Baptism Certificate Seen: Yes/No | | | |
| SIMS Completed: Yes/No | Parentpay Pattern Completed: Yes/No | | | |
| Contract Returned: Yes/No |  | | | |